

## **Application Data Sheet**

### **Application Information**

Application number:	TBD
Filing Date:	10/08/ 03
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	TBD
Suggested Group Art:	TBD
CD-ROM or CD-R?:	None
Number of CDs:	
Number of Copies of CD:	
Sequence Submission?:	None
Computer Readable Form (CRF)?:	
Number of Copies of CRF:	
Title:	Gelled Laxative Compositions
Attorney Docket Number:	BRA-014US/113592.135
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure:	
Total Drawing Sheets:	
Small Entity?:	Yes
Petition Included?:	No
Petition Type:	
Licensed US Govt. Agency:	No
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

**Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Dale A.  
Family Name: Keiser  
City of Residence: Wickenburg  
State or Province of Residence: AZ  
Country of Residence: US  
Street of Mailing Address: 35600 S. Antelope Creek Road  
City of Mailing Address: Wickenburg  
State or Province of Mailing Address: AZ  
Country of Mailing Address: US  
Postal or Zip Code of Mailing Address: 85390

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Richard  
Family Name: Harry  
City of Residence: Mercer Island  
State or Province of Residence: WA  
Country of Residence: US  
Street of Mailing Address: 7650 80<sup>th</sup> Place, S.E.  
City of Mailing Address: Mercer Island  
State or Province of Mailing Address: WA  
Country of Mailing Address: US  
Postal or Zip Code of Mailing Address: 98040

**Correspondence Information**

Correspondence Customer Number: 23483

**Representative Information**

Representative Customer Number: 23483

**Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date :</b>
This application	Claims the benefit of (35 U.S.C. §119(e))	60/417,328	10/09/2002

**Foreign Priority Information**

<b>Country:</b>	<b>Application Number:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

**Assignee Information**

Assignee Name:

Street of mailing address:

City of mailing address:

State or Province of mailing address:

Country of mailing address:

Postal or Zip Code of mailing address: